



Farm Business Management
Progress Report Year one
to be completed and signed at the completion of year one

Name _____ Address _____
City _____ State & Zip _____
Phone Number _____ County FSA Office _____
Date Enrolled _____ Date Completed yr 1 _____ Year One Score _____

Assignments, comments remarks

Goals Family & Business _____

Business Plan FSA Farm Plan _____

Inventory _____

Accounting Records _____

Balance Sheet & Income Statement _____

Tax Management _____

Closeout & Analysis _____

Other _____

Program Score Yr 1 _____

enrollee

date

Instructor

date